SPECIFICATION VERSION 01 - 20190924

		BARCODE 1 - FORM 502				Incomplete required fields do not highlight red
LINE #	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	REQUIRED	COMMENTS, ACCEPTABLE VALUES, EDITS
1	Header	Header Version Number	2	Alpha-Numeric		"T1"
2	Header	Developer Code	4	Numeric		NACTP Vendor Code
3	Header	Jurisdiction Code	2	Alpha		MD
4	Header	Description	3	Numeric		502
5	Header	Specification Version	2	Numeric		1
6	Header	Software Form Version	2	Numeric		00-99
7	A	Primary Social Security Number	9	Numeric	X	
8	A	Secondary Social Security Number	9	Numeric		
9	B	Primary Last Name	20	Alpha	X	
10	B	Primary First Name	15	Alpha	X	
11	B	Primary Middle Initial	1	Alpha		
12	B	Spouse Last Name	20	Alpha		
13	B	Spouse First Name	15	Alpha		
14	B	Spouse Middle Initial	1	Alpha		
15	B	Street Address 1	30	Alpha-Numeric	X	
16	B	Street Address 2	30	Alpha-Numeric		
17	B	City	20	Alpha-Numeric	X	
18	B	State	2	Alpha	X	
19	B	Zip	10	Alpha-Numeric	X	5 + 4 US Zip code, or up to 10 character foreign ZIP
20	C	Physical Street Address - 4 Digit Political Subdivision Code	4	Numeric	X	Must be 4 digits
21	C	Maryland Political Subdivision	30	Alpha-Numeric	X	
22	C	Physical Street Address Line 1	30	Alpha-Numeric	X	
23	C	Physical Street Address Line 2	30	Alpha-Numeric		
24	C	Physical Street Address - City	20	Alpha-Numeric	X	
25	C	Physical Street Address - State	2	Alpha	X	Must be "MD" - no other states accepted
26	C	Physical Street Address - Zip	10	Numeric	X	5+4 US Zip Code - digits only - Add space
27	C	Physical Street Address - Maryland County	20	Alpha	X	Maryland County - If Baltimore City, leave blank
28	D	Filing Status - Single	1	Numeric	X	Blank or "1". "1" = box is marked, Blank = box is not marked
29	D	Filing Status - Married Joint	1	Numeric	X	Blank or "2". "2" = box is marked, Blank = box is not marked
30	D	Filing Status - Married Separate	1	Numeric	X	Blank or "3". "3" = box is marked, Blank = box is not marked
31	D	Filing Status - Head of Household	1	Numeric	X	Blank or "4". "4" = box is marked, Blank = box is not marked
32	D	Filing Status - Qualifying widow(er) with dependent child	1	Numeric	X	Blank or "5". "5" = box is marked, Blank = box is not marked
33	D	Filing Status - Dependent Taxpayer	1	Numeric	X	Blank or "6". "6" = box is marked, Blank = box is not marked
34	D	Married Filing Separate - Spouse SSN	9	Numeric	XX	Required if FS = 3
35	E	Residency Part-year or Military	2	Alpha		P, M, D, PM or Blank. P = Part year, M = Military, PM = part year and military, D = different tax periods, and Blank = box is not marked
36	F	Exemptions - You are 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
37	F	Exemptions - You are Blind	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
38	F	Exemptions - Spouse is 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
39	F	Exemptions - Spouse is Blind	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
40	F	Exemptions - Dependents	2	Numeric		0 - 99 or Blank
41	F	Exemptions - Total	2	Numeric	X	0 - 99 or Blank
42	G	You do not have health care coverage	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
43	G	Yourself DOB	10	A-N		Alpha-Numeric
44	G	Spouse does not have health care coverage	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
45	G	Spouse DOB	10	A-N		Alpha-Numeric
46	G	Authorize Health Benefit Exchange	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
47	G	E-mail address	17	A-N		Alpha-Numeric
48	1	Adjusted Gross Income from Federal Return	12	Numeric		Whole dollars only
49	1a	Wages, Salaries & Tips	12	Numeric		Whole dollars only
50	1b	Earned Income	12	Numeric		Whole dollars only
51	1c	Capital Gain or (loss)	12	Numeric		Whole dollars only
52	1d	Taxable Pension, IRA, Annuities	12	Numeric		Whole dollars only
53	1e	Investment income greater than $3,400	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
54	2	Tax Exempt Interest	12	Numeric		Whole dollars only
55	3	State Retirement Plan	12	Numeric		Whole dollars only
56	4	Lump Sum Distributions	12	Numeric		Whole dollars only

57	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position
58	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position
59	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position
60	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position
61	5a	Total of Other Additions	12	Numeric		Whole dollars only
62	6	Total Additions to Maryland Income	12	Numeric		Whole dollars only
63	8	Refunds, Credits & Offsets included in Line 1	12	Numeric		Whole dollars only
64	9	Child and dependent care expenses	12	Numeric		Whole dollars only
65	10a	Yourself Checkbox	1	Numeric		Blank or "Y". "Y" = box is marked, Blank = box is not marked
66	10a	Spouse Checkbox	1	Numeric		Blank or "S". "S" = box is marked, Blank = box is not marked
67	10a	Pension Exclusion (Worksheet 13A)	12	Numeric		Whole Dollars only
68	10b	Yourself Checkbox	1	Numeric		Blank or "Y". "Y" = box is marked, Blank = box is not marked
69	10b	Spouse Checkbox	1	Numeric		Blank or "S". "S" = box is marked, Blank = box is not marked
70	10b	Pension Exclusion (Worksheet 13E)	12	Numeric		Whole Dollars only
71	11	Taxable Social Security and Rail Road benefits	12	Numeric		Whole dollars only
72	12	Income Received During Period of Nonresidence	12	Numeric		Whole dollars only
73	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
74	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
75	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
76	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
77	13a	Total of Other Subtractions	12	Numeric		Whole dollars only
78	14	Two-income Subtraction	12	Numeric		Whole dollars only
79	15	Total Subtractions to Maryland Income	12	Numeric		Whole dollars only
80	17	Deduction Method -Standard	1	Alpha	X	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
81	17	Deduction Method - Itemized	1	Alpha	X	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
82	17a	Total Federal Itemized Deductions (from federal Schedule A)	12	Numeric		Whole dollars only
83	17b	State and Local Income Taxes	12	Numeric		Whole dollars only
84	17	Deduction Amount	12	Numeric		Whole dollars only
85	22	Earned Income Credit	12	Numeric		Whole dollars only
86	22a	Do not qualify Federal Earned Income Credit Checkbox	1	Numeric		Blank or "Y". "Y" = box is marked, Blank = box is not marked
87	23	Poverty Level Credit	12	Numeric		Whole dollars only
88	35	Contribution to Chesapeake Bay/Endangered Species	12	Numeric		Whole dollars only
89	36	Contribution to Developmental Disabilities Services and Support Fund	12	Numeric		Whole dollars only
90	37	Contribution to Maryland Cancer Fund	12	Numeric		Whole dollars only
91	38	Contribution to Fair Campaign Financing Fund	12	Numeric		Whole dollars only
92	40	Total Maryland and Local Tax Withheld	12	Numeric		Whole dollars only
93	41	Estimated Tax paid, applied from prior year return and Amt paid with Ext. Request	12	Numeric		Whole dollars only
94	42	Refundable Earned Income Credit	12	Numeric		Whole dollars only
95	45	Balance Due	12	Numeric		Whole dollars only
96	46	Overpayment	12	Numeric		Whole dollars only
97	47	Amount of Overpayment to be applied as estimated tax	12	Numeric		Whole dollars only
98	48	Amount of Overpayment to be refunded - dollars	12	Numeric		Whole dollars only
99	48	Amount of Overpayment to be refunded - cents	2	Numeric		Cents
100	49	Form 502UP Attached	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
101	49a	Total Interest Charges	12	Numeric		Whole dollars only
102	H	Foreign Account Indicator	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
103	51a	Checking Account	1	Alpha		Blank or "C". "C" = box is marked, Blank = box is not marked
104	51a	Savings Account	1	Alpha		Blank or "S". "S" = box is marked, Blank = box is not marked
105	51b	Routing Number	9	Numeric		Must be nine numbers
106	51c	Account Number	17	A-N		Alpha-Numeric
107	I	Daytime Phone Number	10	Numeric		No parenthesis, hyphens or spaces
108	J	Code number	9	Numeric		up to 3, 3 digit code #'s in positions 1-3, 4-6 & 7-9
109	K	Opt out of ef. Check box for authorizing your paid preparer not to file electronically	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
110	L	Opt in to elect to receive 1099G info electronically	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
111	M	Preparer's PTIN	9	Alpha/Numeric		6 - 9 digits

TEST DATA
T1
1258
MD
502
01
00
554552123
987654321
P LAST NAME 123
allow apostrophe
P
S LAST NAME
allow apostrophe
S
allow apostrophe
allow apostrophe
allow apostrophe
MD
12345 ABCD
Must be 4 numbers
allow apostrophe
allow apostrophe
allow apostrophe
allow apostrophe
numeric only - remove dash from form
MARYLAND COUNTY
1
spouse SSN required if selected
warning should read "To the right of"
0
Y
Y
Y
18
allow slash
allow slash
123456789012
100
100
100
200
Must be a "Y"
200
300
400

AA
AS
QQ
WW
500
600
800
900

1000

1000
1100
1200
WW
WW
WW
WW
1300
1400
1500
S

1700
1700
1800
2200

2300
3500
3600
3700
3800
400
410
420
450
460
470
480
99

490
Must be a "Y"

S
123456789
1234567890ABCDEF1
9162733605
999999888
Y
Y
P56421322